

BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	DW Int-	32 571	11/12 14/18/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral)... Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final	3/6/11/6/12
Original	2/20/12/23/03
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	+
19	+
20	+
21	+
22	+
23	+
24	+
25	+
26	+
27	+
28	+
29	+
30	+
31	✓
32	✓
33	+
34	+
35	+
36	+
37	+
38	+
39	✓
40	✓
41	✓
42	✓
43	NNNN
44	NNNN
45	NNNN
46	NNNN
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
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